MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040400
STATE FILE NUMBER

318 1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10507

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	215	1/2	
3			
4	1		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	58-0		
13			

58

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

DOCUMENT

FILED NOV 13 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4255 Louisiana
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mabel; Middle E.; Last Kieffer

4. DATE OF DEATH: Month Oct.; Day 31; Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: DEC 14 1882

9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months 78 Days 17
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Lancaster Penn.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Zechner

13b. MOTHER'S MAIDEN NAME: Emma Cochran

14. NAME OF HUSBAND OR WIFE: Burch Kieffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Ken Kohler 4255 Louisiana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for Parts I and II.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypertensive-arteriosclerotic heart disease	10 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized arteriosclerosis	10 yr.
DUE TO (c)	Diabetes mellitus	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene (Rt. foot) - arteriosclerotic

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 260x

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1961 to 30 Oct 1962 and last saw her him alive on 30 Oct 1962
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph B. Occa M.D.

22b. ADDRESS: 3915 Watson Rd

22c. DATE SIGNED: 1 Nov. 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Nov 5 1962

23c. NAME OF CEMETERY OR CREMATORY: Lancaster Cemetery Penn.

23d. LOCATION (City, town, or county) (State): Lancaster Penn.

24. FUNERAL DIRECTOR ADDRESS: Schumacher 3013 Meramec Str.

25. DATE RECD. BY LOCAL REG.: NOV 2 1962

26. REGISTRAR'S SIGNATURE: Roan Smith M.D.

Dr Joseph Vacca
391 S Watson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.